

**Written Testimony of Angie Truesdale
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**Council of the District of Columbia
Committee on Health**

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Thank you, Chairman Gray and members of the Committee on Health, for holding a hearing on legislation that supports and enables better care for DC's mothers and babies. I regret that a competing commitment kept me from appearing in person, but I am pleased to provide this written testimony.

I have had the privilege of serving as the CEO of the Centering Healthcare Institute (CHI) for nearly five years and I see our work as aligning with and amplifying the goals of these three bills, the Window Blind Safety Notification Act of 2019 (bill 23-0322), the Perinatal Health Worker Training Access Act of 2019 (bill 23-0341), and the primary focus of my testimony today, the Maternal Health Care Improvement and Expansion Act of 2019 (bill 23-0362).

CHI is a national non-profit organization with a mission to improve health and transform the way care is delivered. With over two decades of experience as the go-to resource for group medical visits, CHI has pioneered and sustained the Centering model of group care currently offered in more than 600 healthcare practice sites. The evidence-based Centering model combines health assessment, interactive learning and community building to help support positive health behaviors and drive better health outcomes. CenteringPregnancy® and CenteringParenting® provide the highest quality of care to families from pregnancy through age two of the child.

CenteringPregnancy is the oldest and most widely researched model of group prenatal care in the United States. The model is currently offered in seven clinical settings in DC including locations in Wards 1, 4, 5, 7 and 8. While CHI is committed to changing the entire delivery system through relationship-centered healthcare that embraces lived-experience of patients through community building, health assessment and education, I would say that moms and babies are our specialty.

As you well know, the United States is facing a heartbreaking crisis in maternal and infant mortality, both of which are most often caused by preventable circumstances. DC is not alone

in recognizing that we must do more to address the systems that contribute to poor maternal and infant health outcomes. However, DC does stand out in that the selection of legislation for today's hearing demonstrates a holistic approach to changing the health *systems* that are in place to support families in the prenatal and postpartum periods. This is to be commended.

I want to preface my comments on Bill 23-0362 with a statement that must underpin the decisions the committee makes regarding all of the bills: Our healthcare delivery system is tied to a broken reimbursement system that is focused on rapid medical encounters rather than care. Until that changes, clinicians and healthcare workers are left to do what they are paid for. It is that simple, and that complicated. If we truly want the healthcare system to take better care of women and babies, we must pay them to do it.

Thus, you can fund training programs for doulas and community health workers, but you must also ensure that Medicaid pays for their services and time once they are trained. You can identify priority areas for the education of patients, but if providers are not both paid and allowed the time to deliver the information thoughtfully (rather than as another mandated checkbox on a long list of must-dos), DC will ultimately not realize the desired changes in outcomes.

The Maternal Health Care Improvement and Expansion Act of 2019, Bill 23-0362

CHI greatly appreciates Councilmember Allen's leadership on this legislation and enthusiastically supports the Maternal Health Care Improvement and Expansion Act. I would like to highlight some key provisions of interest as well as opportunities to strengthen the bill.

- **Implicit Bias Training** – Structural and interpersonal racism are rampant in our healthcare system and the disparities in maternal and infant health outcomes in the U.S. are directly related to this dynamic. Implicit bias is commonly seen in how clinicians treat, prescribe and respond to patients of color and can be mitigated through ongoing training. As implicit bias is a significant barrier to access to and quality of healthcare delivery, it is entirely appropriate to require continuing education for any professional that touches patients. The legislation does not specify that the requirement would be more than a one-time 2 credit exposure. CHI supports being more directive on the ongoing need for such education.
- **Extension of Medicaid to One Year for Certain Postpartum Women** - CHI applauds extensions of Medicaid for women during the postpartum period.
- **Postpartum Visits** – Increasing Medicaid coverage for and participation rates in postpartum care is an important step in reducing the rate of maternal mortality in the

District. An American College of Obstetrics and Gynecology Committee Opinion¹ states that up to 40% of women are not seen in the postpartum period and that attendance rates are lower for women with limited resources. Efforts to prioritize and educate patients on the importance of this opportunity to support the physical, mental and reproductive health of women during this period are commended. CenteringPregnancy sees a postpartum visit attendance rate of 89% nationally and CHI would be a willing partner with the District in this work.

- **The Center for Maternal Health and Wellness** – CHI enthusiastically supports all of the duties and functions proposed for the Center and wishes to speak specifically to two.
 - **Promotional campaign on early access to prenatal care** – In addition to early access promotion, CHI suggests the incorporation of related messaging on the importance of full-term delivery, such as that in the CDC campaign, “[Your Baby Grows Throughout Your Entire Pregnancy](#)”.
 - **Grants for peer-to-peer maternal support** – We suggest that the committee prioritize the facilitation of such support through group prenatal care. Rather than adding an additional support group that mothers would need to attend to supplement their prenatal care, CenteringPregnancy offers the opportunity for enhanced care within the healthcare system. It is the billable healthcare visit. Patients cared for through Centering see a 30+% reduction in preterm birth rates, reduced incidence of low birth weights, increased postpartum depression screening and healthier pregnancy spacing. CHI would be happy to serve as a partner in expanding access in the existing seven D.C. Centering sites, as well as increasing access through the Center and beyond.

Although I no longer live in the District, my only child was born here and I still consider DC to be our family’s hometown. I am deeply invested in the communities and future of this city, as is the Centering Healthcare Institute. I hope that the Committee and the Council will be steadfast in advancing, strengthening and protecting these bills from those who may wish to water them down by making key provisions optional. The fact is that women and children are dying from preventable deaths due to healthcare systems that fail to prioritize them and their care – in time, dollars, knowledge and understanding. These bills, especially the Maternal Healthcare Improvement and Expansion Act, represent a strong first step in correcting this and in turn, saving lives.

¹ <https://www.acog.org/-/media/Committee-Opinions/Committee-on-Obstetric-Practice/co736.pdf?dmc=1&ts=20190222T1814547421>

Thank you again for your consideration of these bills and my testimony. I am available to answer questions via email, atruesdale@centeringhealthcare.org or by phone, 857-284-7570.

Suggested Resources

Issue Brief: How CenteringPregnancy Can Support Birth Equity

https://www.centeringhealthcare.org/uploads/downloads/BirthEquity_IssueBrief_Oct9th2019.pdf

White Paper: Aligning Value Based Payment with the CenteringPregnancy Group Prenatal Care Model

<https://www.centeringhealthcare.org/uploads/downloads/Aligning-Value-Based-Payment-with-CenteringPregnancy.pdf>

Centering Research Bibliography

<https://www.centeringhealthcare.org/uploads/downloads/Documents/Centering-Bib-2019-with-Branding.pdf>